M	ULTIPLE DEPENDENT CLAIM
	FEE CALCULATION SHEET
	(FOR LICE WITH FORM PTO one)

SERIAL NO. FILING DATE APPLICANT(S)

CLAIMS														
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MANUMENT				AS FILED		AFTER 1*AMENDMENT		AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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